others. The subjoined table shows the proportion of the two classes of venereal disease.

	Total of Venereal Cases.	Gonorrhœa.	Syphilis.	Proportion of Gonorrhœa to Syphilis.
Not Jews . . .	272	107	165	0·6 to 1
Jews	58	47	11	4·3 to 1

Thus we find that, notwithstanding a gross proportion of nearly one-third to others, the cases of syphilis presented by Jews are only as one to fifteen. That this difference is not to be accounted for, either by their superior chastity, or by their unwillingness to seek medical aid for such diseases, is conclusively proved by the fact that they furnish very nearly half the cases of gonorrhœa. The circumcised Jew is then very much less liable to contract syphilis than an uncircumcised person. This conclusion has, I believe, been long entertained by many surgeons of experience, but I am not aware that it has ever before been made the subject of demonstration. No one who is acquainted with the effects of circumcision in rendering the delicate mucous membrane of the glans hard and skin-like, will be at a loss for the explanation of the circumstance.

Taking then this fact as established, it suggests itself as probable that circumcision was by divine command made obligatory upon the Jews, not solely as a religious ordinance, but also with a view to the protection of health. Among them promiscuous intercourse was certainly not regarded in the heinous light which it is under the present dispensation, while polygamy and concubinage were openly permitted. One is led to ask, witnessing the frightful ravages of syphilis in the present day, whether it might not be worth while for Christians also to adopt the practice. Such a proposition, if intended only to protect the sensualist from the merited consequence of loathsome vice, would, it is to be hoped, be dismissed at once by every right-thinking man. But the matter is much wider. In syphilis the innocent suffer with the guilty, and the wife and the children often have to bear the penalty of the sin of the husband and father. During the period from which the statistics just adduced have been obtained, I have had under care at the hospital a total of 252 children, under the age of 5 years. Of these 179 have been of Christian parentage and 73 of Jewish. Among the former have occurred 27 cases of congenital syphilis, while among the latter there have been but 3. Thus it would appear that but one-twenty-fourth of the surgical diseases of Jewish children acknowledge a syphilitic cause, while no less than one-sixth of those of Christians are of such origin. In this calculation I omit altogether the numerous diseases which are, in all probability, remotely dependent on syphilis, and comprise those only which present the disease in a well-marked form. The same inferences are pointed out by counting the proportion of syphilis cases in women. Of a total of 97 women who have, during the year, come under treatment for one or other form of venereal disease, 92 have been Christians and 5 Jews. Of the 91 of the former, no fewer than 61 have suffered from syphilis, and at least two-thirds of these have been married women, who, there was every reason to believe, had contracted the disease from their husbands without any fault of their own. With regard to its being the duty of the surgeon invariably to remove the prepuce of infants born with congenital phymosis, which Mr. Forster, in the paper referred to, so ably points out, I have long held a similar opinion with his own. That opinion, together with some reasons for it, are recorded at page 415 of the *Medical Times and Gazette* for October 23, 1852.—*Med. Times and Gaz.*, Dec. 1, 1855.

24. *The non-mercurial Treatment of certain forms of Syphilitic Disease.*—Mr. Henry Lee read a paper on this subject before the Medical Society of London, Nov. 10th, 1855. He began by stating that the opinions of men of eminence should not form rules of practice, except those opinions could be corroborated by well ascertained facts; and in alluding to the treatment of syphilis, he showed how diametrically opposed had been the opinions of the mercurialists, and non-mercurialists. He (Mr. Lee) thought that the different kinds of syphilitic affection, from which these authors originally took their opinions, might ac-

count for the different treatment which they seem to have been inclined to adopt without discrimination, in all cases. He considered, for his part, that there are distinct morbid actions produced by the application of the syphilitic poison, which actions might be divided into four classes. These had been mentioned in a former paper, and required distinct methods of treatment. The first class referred to the syphilitic ulcer, presenting adhesive characters, the globules of the pus exhibiting a smooth outline: the second included those cases in which the secretion from the infected part consisted of well-formed pus from an early period; the third class was that in which the local disease extended to the lymphatic vessels, and in which the glands consequently suppurated; and the fourth where the contact of the syphilitic matter produced mortification or phagedæna of the part to which it was applied. The author had proved, on a former occasion, the truth of the proposition enunciated in the third class, supporting his opinion by forty-nine cases, in which suppurating bubo was a symptom. As he had failed at that period to convince some of his hearers, he had again put this proposition to the test of experience, and had caused statistical tables to be drawn up, including all the patients treated at the Lock Hospital. These tables are extremely elaborate, and, from their analysis, Mr. Lee concludes that those sores which infect the patient's constitution are not often accompanied by inflammation of the absorbents; and that when they are, this inflammation may be traced to some accidental complication. Hence the author lays it down as a practical rule, that when a primary ulcer has clearly given rise to an inflammatory bubo, there will be no infection of the patient's system from that disease; and inasmuch as the local disease will, in general, heal as soon without mercury as with it, and will not be more likely in the one case than in the other to be followed by secondary symptoms, such a mode of treatment is, as a rule, unnecessary, if not injurious. Mr. Lee, in referring to some of the other classes above mentioned, came to the conclusion that there are three of them which do not require mercury:—

1. Those accompanied by lymphatic inflammation.
2. Those in which the inflammation produced by the contact of the poison terminates in mortification, which latter may be either superficial or deep.
3. Those in which the poison gives rise from the commencement to suppurative inflammation.—*Med. Times and Gaz.*, Nov. 17, 1855.

25. *Empty Hernial Sacs.*—It is to the study of hernial sacs, long since deprived of the herniæ they formerly contained, that M. Chassaignac directs attention, and particularly to their simulation of strangulated hernia. There are but few examples on record of this curious variety of false hernia, and he furnishes full details of six carefully observed cases, illustrative of the difficulties their diagnosis gives rise to. The conclusions which he thinks may be drawn from so limited a number of observations are as follows: 1. Peritoneal diverticula, the receptacles of herniæ that have not been reproduced for a very long period, are susceptible of giving rise to the symptoms of strangulated hernia. 2. There is a great difference in the effects of such strangulation, according to whether the peritoneo-saccular communication still exists, or is obliterated. In the first case, the symptoms may be nearly as urgent as in ordinary strangulated hernia, while in the latter they are much more moderate, they now being, so to say, like ordinary cysts in their effects. 3. The taxis may be inoperative in causing the reflux of the fluid contained in the sac, although a free communication between the sac and the peritoneal cavity may be afterwards proved to have existed. 4. Old hernial sacs may contain fluids of different natures, such as serosity, blood, or pus. 5. In all the examples hitherto met with, strangulation of the sac has occurred in females. 6. Almost all the subjects of this strangulation have prior to, or at the time of, its occurrence worn trusses. 7. When we reach the sac of a false hernia, we should endeavour to confirm our diagnosis by an exploratory puncture. The evacuation of the fluid induces such a flattening of the sac, that doubt can no longer be entertained as to the absence of visceral contents. 8. In searching for the peritoneal communication, we must not be content with exploring by means of the finger, but must have recourse to a round or grooved director. 9. Excision of the sac constitutes the best treatment.—*Revue Méd.-Chirurgicale.*